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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000252**

1. Corporation Name
IMPSAT USA, INC.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA, SUITE 2500 FT. LAUDERDALE FL 33394	ONE FINANCIAL PLAZA, SUITE 2500 FT. LAUDERDALE FL 33394

fee address change

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/16/1996

4. FEI Number: 65-0600569 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2040 N. Dixie Hwy	26 2040 N. Dixie Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wilton Manors	City & State 28 Wilton Manors, Florida
Zip 24 FL Country 25 USA	Zip 29 33305 Country 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVELIS, ALEXANDER		1.2 NAME		
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	HORNER, RICHARD		2.2 NAME	Mauricio Klau	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500		2.3 STREET ADDRESS	2040 N Dixie Hwy	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BELT, BRIAN		3.2 NAME		
STREET ADDRESS	701 BRICKELL AVE 1850		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TORRES, JOSE		4. 2 NAME		
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33394		4.4 CITY-ST-ZIP		
TITLE	COB	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VERDAGUER, RICARDO		5.2 NAME		
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 2500		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VIVO, ROBERTO		6.2 NAME		
STREET ADDRESS	ONE FINANCIAL PLAZA SUITE 2500		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)